

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORM			

Transfer to 437 for classification only  
and add 8

442/ ~~442~~ 71, 73, 414, 123

No Fig

IDS in BOX

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Called 8/23/02  
left message, D.D. re  
I. 1-23  
II. 24-37  
III. 35  
8/24/02